Foster Family Home - Corrective Action Report

Provider ID:

2-090047

Home Name:

Dino Cacpal, CNA

Review ID:

2-090047-9

15-1364 Poni Moi Street

Reviewer:

Carol Copeland

Kea'au

HI 96749

Begin Date:

4/24/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action plan issued with no plan of correction due to CTA.

Compliance Manager

Compliance Manager

Primary Care Give

Date

4/24/2019

Date